JACKSON COUNTY MEDICAL SOCIETY WEEKLY BULLETIN

This is the Society's 63rd Year
This is the Bulletin's 39th Year

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Dinner and Installation of Officers

Jackson County Medical Society

Saturday, June 30, 1945, 7:00 P.M.

For Members, their wives or husbands, and guests

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Every Sunday
6:15 P. M.

"Hot Weather Diets"
Tomorrow, June 24, 1945
Tune in
K M B C

KANSAS CITY, MISSOURI • JUNE 23, 1945

PASS MEDIC BILL

Measure to Establish Last Two Years of Course in Kansas City Approved in House . . . to Send it to the Senate.

(K. C. Times, Thursday, June 21)

These words, announcing victory in the first phase of a fight to bring better medical training to Missouri, should cheer us considerably.

To those who have labored to have this measure passed we send our thanks and praise; to our colleagues in St. Louis and throughout the State, to the Representatives in the Legislature—Thanks!

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PROGRAMS FOR JULY

July 1—"Accidents Don't Happen"
July 8—"Lend-Lease Diseases."
July 15—"Up-to-Date on Penicillin."
July 22—"Summer Inventory."
July 29—"Modern Magic in Polio."

You will find these programs of interest and value. Tell your friends. Write or call KMBC and let them know you listen to this program and enjoy it.

Published weekly by Jackson County Medical Society. Entered as Second-Class Matter at Kansas City under the act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Sec. 1103, par. 4 Act of October 3, 1917, Sec. 412, P. L. & R. Annual subscription $2.00. 5 cents per copy

EDITORIALLY SPEAKING

Is this their just reward?

The American medical profession responded nobly to our country's need for physicians in the darkest days of the war. Their record in handling casualties on the many fields of battle has been so exemplary as to elicit favorable comment from the press (even that part which has been unfavorable otherwise), from all people in our country, from the highest statesmen, and from commanders down to the ordinary GI Joe. Never before in our Nation's history have so many injuries resulted in so few deaths.

Despite the devastating developments of modern warfare the low mortality obtained by our medical confreres in this awful struggle has so far surpassed the best heretofore thought possible that these achievements probably will remain forever as a clear-cut tribute to the skill, the ingenuity and the bravery of these "men in white" on the battlefield.

Most of these professional comrades are in service because they knew a dirty, sordid job must be done; they knew they were the only ones who could do it. They entered service manfully and with great sacrifices to their personal lives and fortunes. This they did from an overwhelming sense of loyalty and duty to their country and with no thought of reward other than that which comes from having a clear conscience.

When anyone asks the Members in service what they desire most, the almost universal response is: "To get back home and in practise again."

"Do you have any desire to remain in service?" "Hell, no!"

"Would you consider going into Veteran's work?" "Hell, no!"

Many other questions have been propounded both in person and by the questionnaire method. Some have replied they would like to enter industrial work, or do post-graduate work, while others have indicated a desire to enter group practise (they mean a group of their own choosing, not some group someone else may pick for them).

While it is true that statistical data resulting from the blanket questionnaire methods reveal a small percentage who desire to remain in military service or deal in Veteran's work, to us these few remain merely as numbers on paper. We have not yet heard a single such expression of thought. Nor have we heard of anyone who has heard of anyone who has directly expressed such a sentiment.

Considerable agitation is under way at present to *force* medical officers into Veteran's activities after the actual cessation of hostilities. This would be the greatest blunder and the most calamitous blow which could ever be struck at our profession. Not only would it deliver an under-the-belt punch to the profession, but it would also undermine the entire practise of medicine and the general medical care of our Nation for decades to come.

There is no question that the veterans must be given proper and adequate medical care in the post-war period. That this problem can be handled without compulsory herding of medical officers into these facilities is almost a certainty. They offered up everything to help our country when actual fighting began. Must they now be shanghied by this obnoxious scheme; is this their just reward?

Vincent D. Williams M.D.

MEDICAL MINUTES

EAR, NOSE AND THROAT—
W. B. Black, M. D.
Primary Actinomyces necrophorus infection of maxillary sinus cured with systemic and local penicillin; sinus membrane removed, cultured-negative. A. necrophorus does not respond to sulfadiazine. Hersh. Arch. of Otol. Mar. '45.

EYE—A. N. Lemoine, M. D.
Orbital injection with novocain in region of sphenoidal fissure decreases visual acuity from 20/30 to light perception in about 12 min, with recovery of former visual acuity in short time. Braconier & Lemoine, Jr. Mass. Eye and Ear. (Personal communication.)

X-RAY—D. S. Dann, M. D.
Chest roentgenograms in occupational disease of electric welders reveal: *acute changes*-pulmonary oedema and pneumonia; *chronic changes*-pulmonary fibrosis, emphysema, and fine mottling due to iron deposits. Jones-Lockhart. Texas St. J. Med. Feb. '44.

GENITO-URINARY—C. S. Capell, M. D.
Vesical endometriosis presents cystoscopically slightly elevated tumor with intact mucus membrane, dusky blue cystic area resembling varix and history of periodic attacks of pain, frequency, dysuria and perhaps hematuria during menstruation Kretschmer. J. of Urol. Mar. '45.

GASTROINTESTINAL—D. A. Williams, M. D.
In 178 patients with duodenal regurgitation gastrointestinal anomalies in 80% and significant renal mobility in 72%. Chief factor in reflex gastro-intestinal symptoms not degree of renal mobility but nervous response to traction on renal pedicle. Reiley. Radiol. July '44.

RECTAL—W. G. Hook, M. D.
Pruritis ani is an exceedingly complex type of regional inflammatory skin reaction. There is no specific treatment. McCutchan. Am. J. of Diges. Dis. May '45.

ALLERGY—H. J. Rinkel, M. D.
Hamptom et al report use of penicillin in chronic intrinsic asthma is of no particular value.

SKIN—C. C. Dennie, M. D.
Problem of falsely doubtful and positive reaction in serology of syphilis is discussed due to fact that many individuals who do not have syphilis are treated because of these reactions. Outline of method for detecting these errors. Kolmer. Am. J. Pub. Health. May '44.

PEDIATRICS—G. V. Herrman, M. D.
Kasabach and Donlan review the literature and report 2 cases of hemangioma of the larynx. Both of these cases responded to x-ray therapy. J. of Ped. Apr. '45.

GENERAL SURGERY—C. J. Hunt, M. D.
We do not believe in the non-surgical attempts at reduction of strangulated hernia. If successful, nothing has been done to prevent a recurrence of the catastrophe, and the circulation of the involved segment of the bowel is always questionable. (To be con't.)

NEUROLOGY AND PSYCHIATRY—
B. L. Elliott, M. D.
Among the Russian civilian population neurosis and psychosis have diminished during the war, except in women at the menopause and in men with arterio-sclerosis. Zilboorg. Am. Rev. Soviet Med. Aug. '44.

OBSTETRICS AND GYNECOLOGY—
A. B. Sinclair, Jr., M. D.
Benzedrine sulphate in 10 mg. hourly doses is effective in primary dysmenorrhea. Janney. Med. Gyn. 1945.

HEART—W. M. Ketcham, M. D.
Auricular fibrillation in association with myocardial infarction in 84 patients at the Los Angeles General Hospital a hazard as regards both mortality rate and the incidence of systemic emboli. Askey. Am. Heart J. May '45.

ANESTHESIA—E. H. Grandstaff, M. D.
Curare has been found most useful with cyclopropane, local and cyclopropane-spinal anesthetics for production and prolongation of relaxation, also as complete anesthetic. Least advisable with ether because of severe circulatory depression. Whitacre-Fisher. Anes. Mar '45.

CLINICAL PATHOLOGY—A. E. Upsher, M. D.
Tumors most radio-sensitive are: lymphosarcoma, Hodgkin's, lymphoepithelioma and endothelioma. Adenocarcinoma is most resistant to radiation, except in cervix. Desjardins. Handbook of Phy. Ther. '44.

TB AND CHEST—Florence E. MacInnis, M. D.
2 cases reported spontaneous pneumothorax complicating bronchial asthma. Treatment subcutaneous injections of epinephrine hydrochloride, inhalation of oxygen and aspiration of pleural air. Trowbridge. J. of Mo. St. Med. Asso. June '45.

ORTHOPEDIC SURGERY—H. L. Hess, M. D.
Thrombophlebitis of the deep leg veins and plantar veins play important role in painful flat feet, producing edema of dorsum of foot and malleolar area with painful pressure points over veins. Myer. Med. Rec. Dec. '44.

INDUSTRIAL HEALTH—E. P. Heller, M. D.
In subacute H_2S poisoning irritation of the respiratory tract is less common than irritation of the eyes However, there may be rhinitis, mucopurulent bronchitis and even edema of the lungs.

Special Correspondence

Socialistic Influences Within Democratic Bureaus

A release of OWI in behalf of the War Labor Board reveals the subtleties of the socialistic approach in a matter that involved group-insurance for employees of the U. S. Rubber Company at New Bedford, Massachusetts, April 15, 1945.

It seems that the Textile Workers and a Teamsters Union, including 918 employees, demanded that the U. S. Rubber Company at New Bedford provide insurance plans for hospitalization, sickness, accident and life insurance with the premiums to be paid by the employer. They alleged that eleven other textile companies supplied such policies to their employees in that area.

The National Labor Board ruled that they would approve reasonable group-insurance plans agreed upon *voluntarily* by employers and unions but it will not order an employer to institute a group insurance plan, etc. This is Case No. 111-5433-D and Case No. 111-8854-D. The opinion is lengthy but this is the gist of it.

But the most startling paragraph for the medical profession is in these words: (Page 5 of Opinion, Paragraph 5.)

> "There is disagreement within the ranks of labor over group insurance. One view strongly held is that the spread of group insurance *will retard* the development of adequate *social insurance.*"

There is both comfort and distress in these words to the physicians of the United States who have been trying to help the people obtain what they want in the extension of medical services at more reasonable costs. It is generally admitted that the insurance principle as exemplified by insurance companies' group policies and the cooperative or non-profit plans of state and county medical societies is the best answer that will avoid compulsory health insurance as an extension of the social security taxes.

It is remarkable that a bureau of democracy such as the War Labor Board should expose this argument against the spread of group insurance because it might hinder the program of another bureau such as the Social Security Board for the socialization, regimentation and compulsory inclusion of hospitalization and medical care under extensions of social security taxation.

Of course the spread of group insurance to cover hospitalization and medical care would and could reach such a large number of the population that there would be no demand for support of such legislation as the "Social Security Amendments of 1945" which have just been introduced into the Senate by Messrs. Wagner and Murray as Bill No. 1050.

Why should any government bureau try to stop the physicians and the people in trying to solve social demands through successful methods of private enterprise? Why should any bureau try to deny labor groups or physicians the liberty of experimenting in cooperative plans?

E. H. Skinner, M. D.

CORRECTION OF PHYSICAL DEFECTS AMONG IV-F's

A Partial Answer to the Manpower Problem

A Statement by Senator Claude Pepper, Chairman Senate Subcommittee on Wartime Health and Education of the Committee on Education and Labor.

In his letter to the President on December 30, transmitting the report of the Office of War Mobilization, Justice Byrnes emphasizes the fact that the Nation faces an acute manpower situation.

We need more manpower in the armed services, and we need more manpower in our war plants.

This is a matter that should be very seriously considered, because it has a direct effect upon the outcome and duration of the war.

In this connection we cannot afford to overlook conclusions drawn by the report of the Senate Subcommittee on Wartime Health and Education.

We have a pool of 4½ million men rejected for military duty by the armed forces because of physical and mental defects. According to officials of the Selective Service System, one-sixth of the defects for which men were rejected could be remedied with relative ease, as far as medical science is concerned.

We know this is possible because the Army has already inducted 1½ million men with major defects and rendered them fit for duty.

It is our duty, insofar as it is feasible, to remedy the defects of IV-F's not now engaged in essential occupations, so as to make them fit at least for limited military duty.

We must not assume that the IV-F's are not contributing to the war effort. Many of them no doubt are engaged in war work. Even these would undoubtedly benefit from correction of remediable defects. The greatest handicap in production is absenteeism caused by illness. Our emphasis at the moment, however, must be on those not in essential occupations who have defects which could be remedied in such a way as to make them fit for military duty or for war work.

How can such a program be conducted? The following possibilities should be given immediate consideration:

1. *Medical treatment paid for by the Federal government and provided in communities where the men with remediable defects live.* The treatment should be given by private practitioners at standard fees, or by physicians in public clinics and hospitals, in either case at Federal expense.

In communities where there are insufficient medical facilities, the treatment should be provided at the nearest available point. Treatment might also be given at Federal medical institutions such as the United States Marine Hospitals.

Voluntary methods of rendering men fit for service have been tried and have failed. The Federal government must assume responsibility for IV-F's with remediable defects as it has for the more than 1½ million men with major defects who have been inducted and rendered fit for duty by the Army.

2. *The armed services should consider very carefully the possibility of expanding the program of rehabilitation of inductees with remediable defects*—such as hernia, syphilis, illiteracy, and visual defects. The Army now inducts men with these defects, but only a limited quota each month.

I am aware of the difficulties involved in increasing the quota. The Army cannot take responsibility except where this is necessary to meet its manpower needs. I do want to point out, however, that the subcommittee frequently receives letters stating that station hospital Army doctors in this country are not busy enough. My opinion as a layman is that the absorption of an increased number of men with remediable defects would be feasible and possible for the armed forces. All we recommend is that the services look into the matter fully.

3. *The Barden-LaFollette Act offers possibilities for rehabilitation of IV-F's.* This law makes Federal funds available to state rehabilitation agencies for medical correction of defects hindering employment. The program depends on the speed with which the individual States are willing and able to move. Certain States, unfortunately confined the program to indigents. States should take immediate action to expand their part in this program, especially as it relates to fitting men for employment in war industries.

(*Continued on Page* 1120)

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Do you know him?

See "Membership News" copy of June 2nd.
(We understand these were not rented for this pose.—Ed.)

COOPERATION BETTER THAN DICTATION

Commenting on plans proposed in Congress to socialize American medicine, the Connecticut State Medical Journal of December, 1943, says:

"In all the flood of confused and confusing opinion, a solid rock of clear thinking is found in the statement of the medical societies of New England. . . . With characteristic forthrightness, New England admits that medical care can and should be made more readily and economically available for all the people. . . .

"The statement holds no selfish fear about what may happen to the profession as a career if it comes under government control, but it does express alarm at what will become of the quality of medical care if it becomes a plaything of politics."

The New England medical societies say: "In the New England states, judging by the standards with which we are familiar, there is no need to revolutionize the habits of the people in their methods of obtaining medical care.

"Private enterprise in the field of voluntary, prepaid medical and hospital insurance is increasing rapidly. These facilities should be utilized by the states . . . so that each state can purchase medical care for those who cannot purchase it for themselves. . . .

"We shall be glad to work out plans with the representatives of the Federal and state governments to improve the health of all the people, but we should expect that any plans that might be devised would take full advantage of

(*Continued on Page* 1124)

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DEBT TO THE MEDICAL SERVICES

The announcement of the army's plan to release a small number of doctors and dentists to civilian practice during the coming year will ease, to some extent at least, the heavy pressure on the men on the home front who have been laboring under severe difficulties to fill the gaps created by the departure of a great number of their colleagues. At the same time it serves to emphasize the superb job which the medical men and surgeons have been doing in the training camps and on the war fronts all over the world.

Thousands of men in the armed services are making great financial sacrifices, but in the case of the doctors and dentists the cost is particularly pronounced. Men who had profitable practices before the war are serving in the army with far less pay than they received as civilians. And there is always the danger that a doctor's patients may form other connections in his absence.

This spirit of sacrifice adds to the already magnificent record of the medical services. Nor should the fine work of the men at home be forgotten. The demands on them have been extremely strenuous and they have worked long hours to meet their responsibilities. They, as well as their colleagues in the armed services, have won national respect and admiration.—(K. C. Star)

A LABOR VIEWPOINT

The following editorial printed in a recent issue of *The Labor Union,* a Dayton, Ohio, daily, owned by local unions is significant at this time:

"At a time when medical science is performing seeming miracles in the discovery and application of new healing agents and operating techniques, and while thousands of American doctors are away in the armed forces serving America and all mankind, along comes this proposal to socialize medicine, as part of a broad scheme to provide 'security' for the general public.

"The Constitution of the United States gives every man the right to 'his day in court' before he can be 'counted out' of circulation with his fellow men, although he may be known to be a criminal. But is the medical profession of America being given its 'day in court'?

"Those members of the medical profession who are risking their own lives on the far-flung battlefront of the world in behalf of your fathers, sons, or sweethearts—yes, and of thousands and thousands of the womanhood of America, since women are now in every branch of the service—do not have the time nor opportunity to protect themselves from this 'stab-in-the-back' which the Wagner bill undoubtedly is.

"The small force of physicians and doctors left in the United States to look after the millions of war workers and to try to keep the nation in as healthy a condition as possible, are little if any better off than those outside our shores with regards to time to look after their own welfare and the protection of their profession.

"Thus it behooves every worker to do all possible to protect his own interests and those of his doctor by fighting this dangerous Wagner Bill, which is Senate Bill 1161."—*United Public Health League.*

RELATIONS OF LABOR AND MEDICINE

The present lack of friendly working relations —in fact, in most places, of any relations at all —between organized medicine and organized labor offers no possible benefit for either group. Ultimately, this wholly regrettable condition can only jeopardize the long range interests of both labor and the physicians.

The Labor Union and the Medical Society both maintain that, over and above their necessary functions of self-protection, they are organized to serve the common good. Surely then, in this larger field they should be able to find common ground for constructive action.

Most physicians are convinced that important changes in medical practice are necessary and desirable. They are not unsympathetic to the legitimate desire of the working man to bring about changes that will enable him to purchase medical care from his own resources and with a minimum of unanticipated hardship or sacrifice.

On the other hand, surely the average working man will appreciate that the doctor, like himself, must work under satisfying conditions if he is to render good service. The worker can understand that an exploited or dissatisfied profession cannot render the public the best service of which it is capable.

(*Continued on Page* 1122)

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—(W. S. R. in Detroit Med. News)

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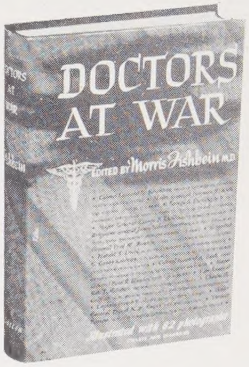

Edited by

DOCTOR MORRIS FISHBEIN

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Any member of the Society who knows a good or sufficient reason why any applicant is not eligible to membership in our Society is requested to communicate at once with the chairman, or any member of the Board of Censors at the Executive Office of the Society, 610 Argyle Building, Telephone VIctor 5546. Board of Censors is composed of the following: Drs. D. O. Walthall, G. F. Pendleton, J. V. Bell.

First Publication

Active Membership

BELLFIELD ATCHESON, M. D.

Rush Medical College, 1927; Interneship, Wesley Memorial Hospital, Chicago; Resident at Wesley Hospital; Specialty, Surgery.

Photo by Strauss-Peyton

First Publication

Active Membership

HERBERT R. GOSHORN, M. D.

University Medical College, 1906; Interneship, General Hospital; Specialty, Surgery.

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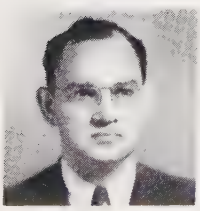
First Publication

Junior Membership

JAMES TAYLOR VANBIBER, M. D.



Kansas University, 1944; Interneship, Ill. Central Hospital, Chicago; 1st Lt. Med.—AUS, Jan. 31, 1944.

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First Publication

Corresponding Membership

SAMUEL R. McCRACKEN, M. D.

Loyola Medical School, 1919; Interneship, West Side Hospital, Chicago; Secretary, Clay County Medical Society.

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THE MONKEY'S DISGRACE

Three monkeys sat in a cocoanut tree,
Discussing things as they're said to be.
Said one to the other, "Now listen, you two:
There's a certain rumor that can't be true
That man descended from our noble race,
The very idea is a disgrace.
No monkey ever deserted his wife;
Starved her babies and ruined her life;
And you've never known a mother monk
To leave her babies with others to bunk,
Or pass them on from one to another
'Til they scarcely know who is their mother.
And another thing you'll never see:
A monk build a fence 'round a cocoanut tree
And let the cocoanuts go to waste,
Forbidding all other monks to taste.
Why, if I put a fence around a tree,
Starvation will force you to steal from me.
Here's another thing a monk won't do:
Go out at night and get on a stew;
Or use a gun or club or knife
To take some other monkey's life.
Yes, man descended—the onery cuss—
But, brother, he didn't descend from us."
—Blair Co. Medical Bulletin.

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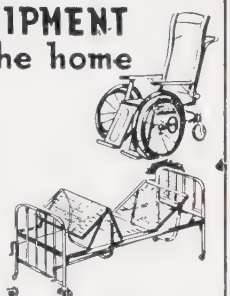

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MEMBERSHIP News

Drs. T. H. Aschmann, M. B. Simpson and C. B. Summers enjoyed a few days vacation recently by taking a float trip on the White river.

MILITARY SERVICE NEWS

Congratulations to Capt. Irving A. Wien who was recently promoted. Captain Wien is serving with the 9th Army in Germany.

Lt. Col. Maxwell G. Berry writes that his new address is 133rd General Hospital, APO 1005 c/o Postmaster, San Francisco, California. We may be a little late on our congratulations, but here they are because we are glad to learn of your promotion.

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BOTULISM

Cases or suspected cases should be reported at once to the State Department of Public Health. All foods suspected of being the source should be held for laboratory examination. Keep opened foods under refrigeration.

Antitoxin for Treatment

Antitoxin for treatment is available and should be administered as soon as botulism is suspected. Antitoxin may be obtained, day or night, from the Lederle Laboratories, Inc.

Phone direct to San Francisco, 274 Brannan Street; Exbrook 3730 or Douglas 6500, or Los Angeles, 643 South Olive Street; Tucker 1127.

To be effective antitoxin must be administered as soon as possible. Use any facilities you can enlist for rapid transportation.

A case of moderate severity may require several ampules, severe cases more. In instances where the costs cannot be met by the individual or the local department, the Health Officer is authorized to provide the antitoxin at the expense of the State Department of Public Health. The State Department of Public Health should be notified at once of any such commitment.

Treatment

Antitoxin, one ampule (10,000 units), should be injected intravenously as soon as possible and repeated every four hours until the toxic condition is alleviated. There is considerable evidence the antitoxin is more effective if combined with 5% glucose solution. Intravenous 5% glucose solution may be started before antitoxin is available. General treatment should include rest in bed, avoidance of fatigue, exclusion of visitors, forcing of fluids, complete evacuation of the lower intestinal tract unless such procedure is too fatiguing. Tube feeding may be required. Suction for removal of salivary secretions frequently is necessary. Keep your drinker respirator in mind. Its use is indicated whenever respiratory depression sets in and when respiratory stimulants and oxygen are ineffective.

Prophylaxis

For those who have eaten the suspected food but have not developed symptoms, 1000 to 2500 units intramuscularly. If symptoms develop treat with full therapeutic doses intravenously.

Caution

This antitoxin is made from horse serum. Test for sensitivity.

—California State Dept. of Public Health.

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Monday 25	PATRONIZE OUR ADVERTISERS
Tuesday 26	11:00 a. m. Tumor and Cancer Clinic, Municipal Hospital No. 1.
Wednesday 27	12:15 p. m. Pathological Conference, Municipal Hospital No. 1.
Thursday 28	Golf JACKSON COUNTY MEDICAL DENTAL GOLF TOURNAMENT MISSION HILLS COUNTRY CLUB
Friday 29	9:30 a. m. Staff Meeting, TB Hospital, Leeds.
Saturday 30	7:00 p. m. JACKSON COUNTY MEDICAL SOCIETY DINNER AND INSTALLATION OF OFFICERS HOTEL MUEHLEBACH

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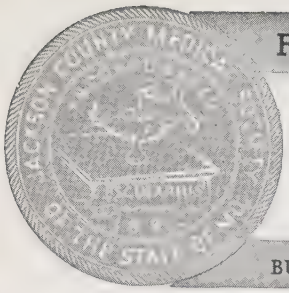

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IN THE MAIL

(*Continued from Page* 1110)

A conference of representatives of the armed services, Selective Service, U. S. Public Health Service, Office of Vocational Rehabilitation, Farm Security Administration, War Manpower Commission and State Health Officers should be called at once to discuss this problem and recommend immediate action.

REMEDIABLE DEFECTS

8 EXAMPLES OF CORRECTIBLE DEFECTS

(Based on the Judgment of Physicians Examining Selective Service Registrants.)

No. in IV-F pool—June 1944
(Selective Service Figures)

1.	Hernia	229,000
2.	Syphilis	286,000
3.	Illiteracy	250,000
4.	Varicose veins	42,700
5.	Underweight and overweight	62,200
6.	Genitalia—undescended testicle, varicocele, and urethritis	42,300
7.	Gonorrhea	18,300
8	Hemorrhoids (piles)	17,200

The above is only a partial list of remediable defects for which men were rejected.

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RELATIONS OF LABOR AND MEDICINE

(*Continued from Page* 1113)

Both the working man and the doctor, it seems to us, should look the facts of life in the face. To "rationalize" the costs of medical care through bold and determined experimentation in medical economics must be the order of the day if we are to avoid a Federal strait-jacket over medical practice. On the other hand, the working man and his union must understand that there is no such thing as *cheap, good,* medical care. Medicine will always be costly and someone must pay the bill. Whether it is paid by taxes or by individual voluntary contributions, the money will always come largely out of the pockets of the average working citizen.

The Medical Society and the Labor Union must also share a natural and well-informed antipathy to a Federal program which would not only put a final stop to voluntary experimentation on a voluntary basis, but would ultimately make the Federal Government the master —if not the tyrant—over workers and doctors alike.

The practice of medicine has never been, nor will it ever become, an upper class luxury. It is the fundamental right of all citizens, rich or poor, to receive the best that medical men can offer them when they are in need. But the working man on the other hand will never, and should never, be content with any compulsive plan which will offer him second-class medical care.

Recriminations between labor and medicine do no good. They must find a way to work together if a satisfactory health program is to be evolved. Organized medicine and organized labor, with mutual self-respect, should put their hands to the same plow and cultivate the field of public welfare.—(J. Med. Soc. Co., N. Y.)

AS OTHERS SEE US

"Before we start rearranging the rest of the world after this war," said Robert P. Tristram Coffin in a recent number of the *American Mercury,* "we had better find out what kind of people we are ourselves. Nations and families often do not know what they are like until some outsider, say an aunt, comes along and tells them."

We thought much (medical) point was given to this sage observation by an editorial in the October, 1943 *Bulletin* of the Medical Society of the County of Kings, which described the reactions of three Canadian physicians who were inspecting our hospitals.

First, they did not like the too-familiar relationship between house staff and attending doctors.

Second, they thought specialization had been carried too far and that the American physician was more apt to treat the disease than the patient. Then, the Canadian doctor does not abdicate to the pediatrician; he calls the pedia-

(*Continued on Page* 1124)

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COOPERATION BETTER THAN DICTATION

(*Continued from Page* 1112)

existing agencies and be developed within the social patterns that are well understood by our people."

How much better would be such cooperation than government dictation which limits or destroys basic freedoms.

(Industrial News Review.)

"IRRESISTIBLE"

Dr. F. E. Butler, the beloved and esteemed president of the Wisconsin State Medical Society, died early in March this year. One of the last things he did was to publish on the President's Page of *The Wisconsin Medical Journal,* an editorial entitled, "Irresistible." Therein, he quoted from Professor Harley L. Lutz of Princeton University. "Few people realize that what is called a great social trend is no more than the propaganda put out by the opponents of a free society to confuse, disorganize and disarm the defenders of that society. There is no such thing as an irresistible social trend. It only becomes so when every one ceases to resist it."

In support Dr. Butler stated, "We shall continue to reiterate our opinion that a highly technical service is not a skill which like a commodity can be packaged and sold. Its quality in the United States can be measured largely by its accomplishments in a free society. Dilution by artificial limitations will neither protect our present standards of medical care (dental care may be substituted) nor promote the public welfare."

Those who believe that medical (or dental) care could be more generally available through a system of socialization do not realize that *cheapened* care would be substituted for *cheaper* care!

We wonder if this lofty idealism is a true reflection of the general membership of the medical and dental professions. The little wedges of socialization, county relief, F.S.A., N.Y.A. and the many trial balloons of social workers seem to have little trouble in getting co-operation from both dentists and physicians. The security of a limited income seems to appeal more to many than the chances taken in a free enterprise. If our status quo is to continue, much bolstering must be done to a large percentage of our health profession's members.—(Editorial, *The Journal of the Wisconsin State Dental Society.*)

AS OTHERS SEE US

(*Continued from Page* 1122)

trician in if he needs specialized advice.

Last, and most significant, is the concluding paragraph of the Bulletin's editorial:

These visitors were a little shocked at the apparent lack of comradeship and cooperation among the physicians here. They did not understand our system of "closed" hospitals. To this I gave the answer that they were dealing with more or less one group of physicians, whereas we were dealing with various groups of varying training and qualifications making wholesale comradeship impossible although theoretically fine.

—(Medical Times.)

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JACKSON COUNTY MEDICAL SOCIETY

Weekly Bulletin

OWNED AND PUBLISHED BY THE JACKSON COUNTY MEDICAL SOCIETY

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*In Military Service.

The Society denies responsibility for all opinions and statements that are not official action. Views expressed represent the opinions of the writers.

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EXECUTIVE OFFICE: 610 Argyle Bldg., VIctor 5546. Executive Secretary, Mr. W. H. Bartleson. Residence Phone, DElmar 2793. All communications should be sent to the above address. Those marked for the attention of a particular officer will be so referred.

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VOL. XXXIX KANSAS CITY, MO., JUNE 23, 1945 NO. 52

• COMMUNITY HEALTH •

STATISTICAL REPORT FOR WEEK ENDING JUNE 16, 1945

KANSAS CITY, MO.

Department of Health

Hugh L. Dwyer, M.D., Dr. P.H., Director

Population: White, 357,316; Negro, 41,862

Deaths	Week Ending June 16, '45	Week Ending June 17, '44	1st 24 Wks. 1945	1st 24 Wks. 1944
Total	112	102	2650	2596
Under 1 Year	7	8	186	148
Non-Resident	15	9	420	388
Auto Accidents	2	1	31	23
In City Limits	1	1	22	20
Births	123	196	4460	4059
Epidemiological Information				
Chicken Pox				
Cases	3	0	192	147
Deaths	0	1	0	1
Scarlet Fever				
Cases	9	4	474	754
Deaths	0	0	1	0
Meningitis				
Cases	1	2	26	66
Deaths	1	0	3	9
Diphtheria				
Cases	1	0	13	11
Deaths	0	0	2	0
Mumps				
Cases	5	0	78	58
Deaths	0	0	1	0
Tuberculosis				
Cases	11	7	175	175
Deaths	4	0	88	75
Measles				
Cases	15	13	96	1048
Deaths	0	0	0	4
Syphilis				
Cases	31	42	817	874
Deaths	2	1	28	20
Gonorrhea				
Cases	22	27	545	488
Deaths	0	0	2	0

(Outside Kansas City)

JACKSON COUNTY

Department of Health

W. F. McCarthy, M.D., Director

Population: White, 80,000; Negro, 780

Deaths	Week Ending June 16, '45	Week Ending June 17, '44	1st 24 Wks. 1945	1st 24 Wks. 1944
Total	2	19	376	384
Under 1 Year	0	0	12	21
Non-Residents	0	0	17	63
Auto Accidents	0	0	10	7
Outside K. C.	0	0	5	7
Births	0	11	395	496
Epidemiological Information				
Chicken Pox				
Cases	0	0	14	19
Deaths	0	0	0	0
Measles				
Cases	0	0	2	32
Deaths	0	0	0	0
Poliomyelitis				
Cases	0	0	1	1
Deaths	0	0	0	1
Whooping Cough				
Cases	0	0	5	2
Deaths	0	0	0	0
Typhoid				
Cases	0	0	0	1
Deaths	0	0	0	1
Scarlet Fever				
Cases	4	1	87	252
Deaths	0	0	0	0
Diphtheria				
Cases	2	0	4	1
Deaths	0	0	0	1
Undulant Fever				
Cases	0	0	3	7
Deaths	0	0	0	0
Syphilis				
Cases	0	2	49	33
Deaths	0	0	1	0
Gonorrhea				
Cases	0	0	29	15
Deaths	0	0	0	0

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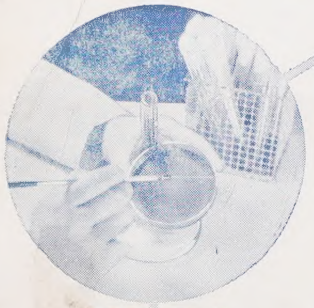
VAlentine 3880

"The Measure of Economy Is Value, Not Price"

DEXTRI-MALTOSE Must Daily Pass These Microbiological Tests*



BLOOD AGAR TEST

To assure absence of hemolytic streptococci

DIRECT MICROSCOPIC TEST

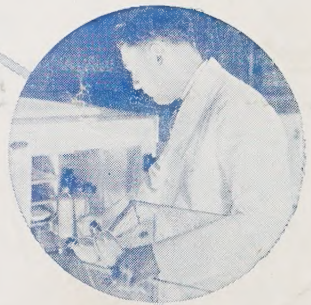
To give rapid sanitary control and microbiological history

GAS PRODUCTION TEST

To assure absence of gas-fermenting coliform bacteria

PLATE COUNT (Microbiological Count)

To assure absence of fungi and to confirm sanitary quality



REFRIGERATOR HOLDING TEST

To show keeping quality of prepared feedings held in refrigerator for 24 hours

**These are in addition to numerous chemical and physical tests.*

SANITARY CONTROL OF DEXTRI-MALTOSE • (NO. 5 OF A SERIES) • MEAD JOHNSON & CO., EVANSVILLE 21, IND., U.S.A.